



SMOKING CONTROL
ADVOCACY RESOURCE CENTER

A PROSPECTUS FROM
THE ADVOCACY INSTITUTE

July 1987

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I. SUMMARY

Each year, smoking kills more people than AIDS, illicit drugs, alcohol, automobile accidents, homicides and suicides combined. Yet 50,000,000 Americans -- almost one-third of the adult population -- continue to smoke. Congress has instructed the National Cancer Institute (NCI) to reduce deaths from cancer by 50 percent by the year 2000. NCI has recognized that the only realistic means to that end is the full mobilization of our communities -- national, state, and local -- to oppose smoking as a common social norm.

The smoking control movement in the United States today is a mature one, with strong, resourceful leadership and tremendous potential. However, to achieve that potential, it is essential:

- a) to strengthen the disparate forces engaged in smoking control advocacy by enhancing cooperation among them; to develop and promote strategic planning, to share and diffuse successful initiatives, and to coordinate efforts at community mobilization among smoking control advocates;
- b) to systematically track and dispassionately analyze the tobacco industry's organized resistance to public education about the hazards of smoking and to appropriate community mobilization against smoking as a priority public health issue; to assist smoking control advocates in responding in a timely and effective manner to this resistance; and
- c) to enable smoking control advocates to optimize opportunities for advancing smoking control initiatives through effective use of the mass media.

To provide these essential services, the Advocacy Institute has developed the Smoking Control Advocacy Resource Center (SCARC). SCARC is designed to function as a national coordinating structure. It will not duplicate programs, but, through smoking control leadership networks, SCARC will support and enhance existing smoking control efforts. It will track the tobacco industry's strategy and behavior, analyze its marketing and promotional trends and where necessary, develop effective countertactics. SCARC will establish a resource base of smoking

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control information and strategies, and make these materials readily available to smoking control leaders via print and electronic communications.

The Smoking Control Advocacy Resource Center will also operate a Media Advocacy Resource Center to collect and develop media strategies and materials, and to connect news sources with news media. SCARC will provide planning and consultation services, as well as advocacy and media training, to smoking control programs throughout the country. Finally, where needs are pressing and unmet, SCARC will develop special demonstration projects, advocacy guides and training materials.

II. PROBLEMS TO BE ADDRESSED

The August 20, 1986 report from the Advocacy Institute to the Kaiser Family Foundation on "Priority Strategies for Smoking Control," together with a series of related papers and talks prepared by the Institute (see Appendix A), provide the groundwork for this proposal. Those papers support the conclusions that smoking control efforts in the United States are broad and substantial, that the smoking control campaign is a mature one, and that efforts to achieve important smoking control policy goals may be at a critical stage.

Nevertheless, these papers, and a series of interviews conducted in the Spring of 1987 by the Advocacy Institute with members of its Advisory Group, also identify serious institutional impediments within the smoking control community that threaten to frustrate this historic opportunity.

Among the most serious, but also the most remediable of these problems are:

- a) the chronic failures and lost opportunities among smoking control advocates for coordination, cooperative strategic planning, sharing and diffusion of successful initiatives;
- b) the failure to track systematically, analyze dispassionately and respond in a timely, coordinated manner to organized resistance from the tobacco and related industries to increasing public awareness of and appropriate mobilization against smoking as a priority public health issue;
- c) the failure of smoking control advocates to maximize opportunities for advancing their goals through the mass media.

A. Problem No. 1: Failure to Coordinate Smoking Control Efforts

Political scientists view the successful resistance of certain economic interests to public policy challenges as based on "iron triangles" of influence. These triangles are composed of: a focused economic constituency; an entrenched bureaucracy; and an organized center of congressional influence. The tobacco and related industries, the Department of Agriculture and the organized efforts of Members of Congress from tobacco states have long served as a powerful iron triangle to resist smoking control.

The tobacco industry has billions of dollars in material assets, worldwide, at its disposal. A substantial portion of these assets are deployed for strategic and tactical planning. To take advantage of the collective power of these resources, most tobacco marketing, promotion, public relations and political efforts are centrally designed and implemented, largely through the U.S. Tobacco Institute and an international network of satellite coordinating mechanisms.

By contrast, the smoking control movement is fractionated. It is younger than the tobacco industry and not nearly as well financed or organized. However, the movement has brought forward persons with great skill, energy and authority so that, in the last few years, the tobacco industry has been challenged by an impressive array of opposing forces. These include:

- a) an informal network of outspoken scientific and public health authorities and institutions;
- b) supportive governmental bodies acting with integrity, especially the Office of the Surgeon General, the Office of Smoking and Health, the National Cancer Institute and at times, the Federal Trade Commission and the Federal Communications Commission;
- c) nongovernmental advocacy organizations with substantial resources and active citizen support networks, such as the American Cancer Society, American Lung Association and American Heart Association. The large voluntary associations are active at national, state and local levels and have become increasingly focused on policy-directed coalition formation. In some areas, they are joining forces with grassroots non-smokers' rights organizations such as Americans for Non-smokers' Rights, which can be credited with the passage of many local laws that restrict smoking in workplaces and public places;
- d) elected officials committed to smoking control, such as New York Mayor Koch, Massachusetts Governor Dukakis,

House Health Subcommittee Chairman Henry Waxman, Senate Health Subcommittee Chairman Orrin Hatch and preventive health advocate Senator Jeff Bingaman;

- e) attentive and responsive journalists and columnists, especially on the major metropolitan newspapers;
- f) several dozen geographically dispersed activist/leaders including highly motivated and determined physicians, scientists, teachers and lawyers as well as public health and consumer advocates with a missionary sense of public responsibility. These activists often operate independent of mainstream organizations and each other. Though heterogeneous and difficult to categorize, they have been important agents for change, serving to prod and stimulate to action less active leaders and organizations, inert elected representatives and public health officials and the media. They initiate, organize, energize and excite. They are perhaps best described in political scientist James Q. Wilson's term "public policy entrepreneurs," or in Ralph Nader's graphic phrases "public citizens" and "citizen spark plugs."

Progress has been made in uniting these diverse groups and individuals who comprise what can only loosely be considered the "smoking control movement." However, for the most part these forces remain unconnected and uncoordinated.

Individual smoking control leaders fall into several general categories: the academic researcher or analyst; the health care professional; the government worker; the volunteer; the public policy professional; the media advocacy professional; and the citizen spark plug. To date there has been no systematic effort to forge a functioning leadership network among these persons. They do little coordinated strategic planning and enjoy little systematic sharing of successful advocacy initiatives.

Citizen spark plugs are high energy change agents, but much of their energy is dissipated through their individualistic, uncoordinated and often provocative advocacy styles. They tend to distrust and in turn to be distrusted or ignored by mainstream groups and leaders. As a consequence, the rich harvest of their creativity and experience is not widely shared.

Among the organizations active in smoking control advocacy there are widely disparate structures, leadership styles, social and political philosophies. These differences often produce competition for members and funding, and debilitating conflicts over strategies and even goals. There are a few smoking control leaders, such as Surgeon General Koop, who span these sectarian rivalries, and there are national and regional coalitions of

varying effectiveness. However, there remains a serious lack of bridging leadership and intermediary institutions in the smoking control movement.

B. Problem No. 2: Failure to Track and Counter Tobacco Industry Strategies

Smoking as a social norm is defended by a formidable economic and political superstructure that includes tobacco farmers and cigarette manufacturers at its center, supported by dependent substructures such as the print media, tobacco sellers and distributors. As the result of a recent wave of conglomerate mergers and acquisitions, the tobacco enterprise now also includes an array of food, soft drink and beer manufacturers and other major consumer goods concerns.

Despite the overwhelming weight of scientific authority, the tobacco and related industries have persisted for a quarter century in obstructing general awareness of smoking as a public health issue. This has been done through direct denials of the scientific evidence, through indirect deflection of public health concerns by advertising imagery and promotional symbolism, and through disinformation campaigns designed to characterize smoking as a matter of personal hygiene and choice, not public health.

The tobacco industry has also inhibited community mobilization to respond to the public health hazards of smoking through deployment of its economic and political allies, through targeted promotions and philanthropy and through strategic investment in special populations, especially women's, Black and Hispanic organizations. At each stage of the development of smoking control efforts throughout the world the industry has reacted dynamically, altering its strategies and redeploying its resources to anticipate and meet the challenge.

The tobacco industry's resistance to smoking control is designed in secret. Indeed, there has never been a significant industry "whistle blower." Tobacco companies have even learned over the years that their success is sometimes dependent on concealing their involvement with resistance efforts.

In a sense, the tobacco industry is as much an agent of disease as any virus. Indeed, it has proven to be a remarkably resilient and adaptive agent.

A central task in any effort to control and prevent disease is an intensive observation and tracking of the offending virus or other agent of the disease. Knowing and understanding the character of this agent, including the mutations it undergoes to avoid or defend itself against prophylactic measures, is critical.

Unfortunately, no systematic monitoring of the tobacco industry now takes place. Ironically, virtually every conference of smoking control leaders and researchers yields meticulous analyses of the latest epidemiological and behavioral data on smoking, but only unrefined rhetorical denunciations of the perfidious tobacco industry.

A few political scientists, economists and smoking control advocates and several dedicated journalists have investigated and reported on isolated aspects of the tobacco industry. However, the literature is lacking in both analysis and comprehensiveness.

No organization serves as a central clearinghouse for tobacco industry information. None has undertaken to coordinate the systematic tracking and analysis of past industry trends, nor to anticipate future industry behavior. This void has left smoking control strategists lagging behind the industry. For example, the industry had targeted women, Blacks and Hispanics as growth markets long before researchers documented the surge in smoking incidence within these populations.

Similarly, no organization serves as a clearinghouse for collecting, evaluating and disseminating smoking control counterstrategies, though many skilled advocates are at work throughout the world developing and employing creative and successful countertactics. For example, no smoking control group has yet compiled the resources that are available into a coordinated counterstrategy for the special populations that have been targeted as tobacco growth markets.

As a result of these voids, smoking control campaigns are commonly undertaken by well intended organizations but without foreknowledge of the barriers that exist or the countermeasures that might penetrate these barriers. When such campaigns are attacked or encounter unanticipated resistance, there is no readily available source for remedial counseling.

The tobacco industry constantly deploys its massive resources to develop and adapt new marketing and promotional strategies, and ways to neutralize anti-smoking initiatives. While the smoking control forces have no ready response to these efforts, they will remain at a severe disadvantage.

C. Problem No. 3: Failure To Maximize Opportunities For Smoking Control Through The Mass Media

Today the mass media -- perhaps more than teachers, health care providers and even the family -- shape our society's dominant health beliefs, attitudes and behaviors. The entertainment media both reflect and reinforce behavioral norms.

Mass media advertising makes products and their use commonplace, too often in contradiction to healthful behavior. The news media inform, interpret and help to determine both personal attitudes and public policy agendas, including those that shape the environment in which health behaviors evolve.

Therefore, in responding to the risks of smoking, we look to the mass media to reinforce the evolving social norm of nonsmoking, and to build support for corrective policies. This task would be easier if the media were not a contested arena. In reality, smoking control advocates must engage in a series of struggles with the tobacco industry's public relations experts, in which the media are the battleground.

Perhaps the most important of these struggles is the symbolic contest that frames the issues. The industry seeks constantly to associate smoking with powerful symbolic goods including: freedom -- of choice, of speech and of assembly; independence; maturity; the liberation of women and minorities; economic growth and the "good life"; jobs; patriotism; and, most recently, civil rights.

As the legitimacy of the tobacco enterprise has eroded, the industry has also sought symbolic "innocence by association" with legitimate causes and groups. These include: women's, Black and Hispanic organizations; free market advocates; civil libertarians; and popular sports, musical and entertainment events. In its defense of smoking, in its advertising and in its philanthropic support for community organizations and events, the industry deflects attention from its more appropriate identity as profiteer from death and disease.

For example, today the idea of smoking as a badge of liberation is artificially maintained by the tobacco companies who use it as a symbol to shield their aggressive promotion of cigarette sales to women. In the imagery of tobacco advertising, in the promotion of the Virginia Slims Tennis Tournament and other events symbolic of women's equality, and in their financial support for women's flagship organizations, cigarette companies have portrayed themselves and their products as the corporate champions of women's freedom. They have succeeded in coopting the symbol of "freedom of choice" (echoing the rallying cry of those opposed to the banning of abortions) to the point where, as Susan Okie reported in the Washington Post, women's leaders "hesitate to make smoking an issue because it is a matter of personal choice."

From the beginning, the industry has sought to portray smoking control advocates as temperance fanatics and moral zealots. More recently, as clean indoor air campaigns and efforts to restrain cigarette advertising and promotion have gained momentum, the industry has characterized its opponents as

statists, collectivists, censors, racists and elitists.

A.J. Liebling once commented wryly, "Freedom of the Press in this country is guaranteed to those who own one." Tobacco is the single most promoted product in America. Total promotional expenditures increased almost sevenfold (threefold after adjustment for inflation) between 1974 and 1984. The most recent estimate for annual tobacco advertising is \$2.6 billion. (The promotion of all products now marketed by cigarette conglomerates accounts for more than half of all consumer product advertising in the U.S.)

Dependence on advertising revenues has meant that the print media, especially magazines, substantially under-report the hazards of smoking. Ironically, this failure is most pronounced in the media that serve those very populations most at risk: women and minorities. Though no cigarette advertising is permitted on broadcast media, recent conglomerate mergers by cigarette manufacturers -- including the purchase of CBS -- have re-established the tobacco industry's influence over television and radio. This situation is exacerbated by the news media's low threshold for boredom with any subject, and by energetic and creative competition from other causes, events and issues for limited air time and space.

This disadvantage is magnified further by the fact that smoking control leaders often fail to appreciate the power of the media because they have little pertinent training or experience in media advocacy. Their efforts to use the media in countercampaigns are scattered and short-lived, frequently restricted to traditional public service announcements that rely on limited concepts of health education. They know they will never be able to match the resources of the tobacco industry in paid media coverage, so these advocates often just give up or ignore media as a component of their programs.

Fortunately, some smoking control advocates, aided by media specialists, have successfully evoked affirmative symbols in arguing for health-enhancing behaviors and policies. These efforts emphasize individual autonomy, physical strength and well being, freedom from harmful environmental influences, family welfare and social accountability for those who profit from marketing harmful products.

These advocates have learned to breach the threshold of media indifference and hostility. Some have acquired great craft-learning in media advocacy, and have displayed great creativity in gaining access to the media for public education and policy formation.

However, such sophistication is not widespread. Moreover, little has been done to capture and share the media advocacy

talents of the most skilled practitioners, to diffuse the most creative and effective media strategies for smoking control, and to adapt for widespread distribution the most effective media materials, such as Tony Schwartz's powerful arsenal of radio countercommercials.

Smoking control leaders have recently begun to recognize that the development of strong media skills and the implementation of good media strategies are requisites for successful smoking control advocacy.

III. GOALS

The goals of the programs proposed here are:

- a) to strengthen the disparate forces engaged in smoking control advocacy by enhancing cooperation among them; to develop and promote strategic planning, to share and diffuse successful initiatives, and to coordinate efforts at community mobilization among smoking control advocates;
- b) to systematically track and dispassionately analyze the tobacco industry's organized resistance to public education about the hazards of smoking and to appropriate community mobilization against smoking as a priority public health issue; to assist smoking control advocates in responding in a timely and effective manner to this resistance; and
- c) to enable smoking control advocates to optimize opportunities for advancing smoking control initiatives through effective use of the mass media.

IV. OBJECTIVES AND METHODS

To accomplish these goals, the Advocacy Institute proposes a national Smoking Control Advocacy Resource Center (SCARC). The SCARC will create and maintain a central coordinating structure and a series of communications networks to support and enhance existing smoking control efforts. It will track the tobacco industry, analyze its marketing and promotional trends, and develop effective countertactics. It will establish a resource base of smoking control information and strategies, and make those materials available to smoking control leaders via electronic communications, hard copy, audio and video tape.

The Smoking Control Advocacy Resource Center will also create a Media Resource Center to develop media strategy and materials, and to connect news sources with reporters. SCARC

will provide planning and consultation services, as well as advocacy and media training, to smoking control programs throughout the country. Finally, where smoking control needs are pressing and unmet, SCARC will develop special demonstration projects and printed materials for replication and distribution.

A. Information Networks

Objective: To develop intelligence and communications systems that will support the collection, analyses and dissemination of the information and materials necessary to ensure the success of smoking control efforts across the country.

1) Intelligence Gathering Network

Drawing in part on members of its Advisory Group, the SCARC will establish and maintain an interactive network of key intelligence gatherers and industry analysts. Through this network, individuals who have shown skill and persistence in tracking the activities of the tobacco industry can be provided modest support for such activities and, in turn, contribute to a central, shared intelligence pool.

Each member of this Intelligence Gathering Network will take special responsibility for monitoring and mapping one or more discrete areas of tobacco industry behavior. Updates will be provided periodically to the SCARC that analyze trends and anticipate future directions. All members will also share with the network new intelligence on any aspects of industry behavior.

This pool of information will be analyzed, digested and where appropriate, broadly disseminated through Action Alerts. It will be utilized by the SCARC staff in the development of advocacy support material, and by SCARC strategy planning teams to inform and guide the development of responsive counter-strategies. It will also be made available to all members of the Spark Plug Network (see below).

When speed is important, this core of industry analysts can communicate with each other, with the Advisory Group, and with the SCARC staff through the Smoking Control Computer Bulletin Board.

2) Spark Plug Network

A complement to intelligence gathering is the development and dissemination of effective counterstrategies to those able to implement them. Therefore, the Institute will also identify and recruit 50 to 75 of the nation's most effective regional and local smoking control advocates (in addition to those national leaders already recruited for the Advisory Group and Intelligence

Network), and connect these spark plugs to the SCARC'S intelligence, planning, resource development and other advocacy resources in an interactive communications network. Through this network, these spark plugs can pool and exchange information and ideas.

The SCARC will maximize the assets of smoking control as a mature public health campaign by pooling this rich diversity of expertise and institutional support. During the first six months of operation, the SCARC staff will solicit from the Advisory Group and others the names of established or potential spark plugs who might be expected to benefit most from SCARC support. Recruitment for the network will begin by surveying these leaders to assess their interest in participating in a national spark plug network, how they could benefit from it and how they might contribute to it.

By the second full year of operation, the network will be expanded through outreach. Contacts will be initiated with health promotion experts in state and local health departments, public interest organizations, life and health insurance companies, schools of public health and large employers who have implemented or are contemplating smoking control measures for their businesses.

Spark plugs on the network will have access to the Smoking Control Computer Bulletin Board through which they can maintain communications with the SCARC and with each other. They will also receive the SCARC Action Alerts and regular publications. Periodically these leaders will be resurveyed to ascertain their needs, and to tailor SCARC services to meet those needs.

3) Network of International Smoking Control Experts

Although the goal of SCARC is to strengthen smoking control efforts in the United States, those efforts can be informed and enriched by drawing upon the shared learning and experience of leading international smoking control advocates. As organizer of the International Smoking Control Summit in 1985, and as an invited plenary speaker on smoking control strategies at the November 1987 World Conference on Smoking and Health in Tokyo, Co-director Pertschuk has enabled the Institute to develop and maintain a continuing, active exchange of intelligence data on recurring patterns of tobacco industry behavior and successful counterstrategies. Thus, many of the effective media advocacy strategies featured in Smoke Signals (the Advocacy Institute's smoking control media handbook) are drawn from the activities of leaders in places as diverse as Western Australia, Argentina and Northern Ireland. Though a lesser priority, SCARC will continue to maintain and utilize this international network.

B. Special Population Networks

Objectives: To identify and support potential smoking control leaders of the special populations that have been targeted by the tobacco industry as growth markets. To connect these leaders to special communications networks through which they can exchange information and jointly develop appropriate strategies to counteract tobacco industry efforts.

1) The "Not Far Enough" Women's Network

Sub-objective: To design, implement and evaluate a model special population network for smoking control that draws on the major assets and advantages of the SCARC.

The primary goal of the "Not Far Enough" (NFE) project is to involve and galvanize women's leaders (and, through them, women's organizations) in smoking control efforts aimed at women. The NFE network will organize women's leaders into a nationwide communications system through which advocates can share their information and coordinate their efforts. It will follow and report on the tobacco industry's special efforts to target women, and develop counterstrategies specifically to resist these efforts. It will also help women to maximize opportunities for advancing smoking control through the mass media. In addition, the design, implementation, and evaluation of a targeted women's smoking control program will also provide lessons and a model for smoking control programs targeted at other special populations, especially Blacks and Hispanics. (The NFE project is explained in detail below.)

2) Outreach to Blacks

Sub-objective: To counsel and support special efforts at smoking control within the Black community.

As noted, for the critical growth markets (women, Blacks, youth and Hispanics), the tobacco industry has adopted a tripartite strategy of: advertising which manipulates the central symbols appealing to such groups; promotion of highly visible and popular community events; and cooptive financial support for leadership groups. These strategies appear to have worked in creating a higher incidence of smoking (and smoking-related death and disease) among Blacks.

Public health advocates have begun to challenge Black leaders to shun the embrace of the tobacco industry. Unfortunately, such challenges, emanating largely from white critics, have often evoked defensive and even hostile responses.

The Advocacy Institute recognizes that as a predominantly white institution, it should not presume to undertake the same kind of leadership role among Blacks that it has assumed in the NFE network. Rather, the Center will provide important support services to those Black leaders who have begun to insist that the health consequences of smoking and the tobacco industry's exploitation of Blacks should be high priority issues on the Black community's agenda.

A first requirement in serving the Black community is the development of a symbolic framework for smoking control issues that resonates with the important values of Black leaders. For example, tobacco promotion to Blacks can be viewed as a form of exploitative colonialism (what cannot be sold to industrialized white communities is "dumped" on Blacks). It might also be effective to emphasize the racial implications of tobacco marketing strategies (to make up for the white middle-aged males who are quitting, young Blacks are targeted for tobacco addiction). The SCARC will develop such a framework in conjunction with its special consultants (see below).

The Smoking Control Advocacy Resource Center also proposes to serve the Black community by assessing its special needs and tailoring services to meet those needs. The Center will facilitate the organization of Black leaders against smoking, including the deans of Black colleges, the Association of Minority Health Professionals, the National Medical Association and its affiliated student organization. The SCARC will aid these leaders in seeking substitute support for the publications and events currently financed by tobacco money. Special attention will be given to increasing the salience of the health hazards of smoking within this population.

The Center will provide consultation and other support services to smoking control efforts in Black communities. For example, plans are being made now with the Coalition on Smoking OR Health to co-sponsor a luncheon for the Congressional Black Caucus that will honor leaders of the "Richmond Quits Smoking" project. The community of Richmond, California has launched one of the first mass smoking control programs aimed at a predominantly Black population. Both the failures and the successes of the Richmond program can provide important lessons.

3) Outreach To Youth And To Hispanics

Sub-objective: To counsel and support special efforts at smoking control among the nation's youth and Hispanic communities.

To replace the tobacco consumers lost through death and voluntary attrition, the industry must add nearly 6,000 new

smokers each day. Unfortunately, almost one-half of those who light up for the first time are age 14 and under. (Less than five percent of smokers take up the habit after the age of 21.) Between 1979 and 1983, while smoking rates for all other age groups declined, there was an 18 percent increase in smoking among 18- and 19-year-olds.

These facts mean that smoking control efforts, especially prevention programs, are very important among our nation's youth. The three major voluntary associations have combined their efforts for a national smoking control effort within this special population known as the Tobacco Free Young America Project. The SCARC will work with this Project to provide back-up, problem-solving, special consulting and other forms of support.

Similarly, the SCARC will facilitate efforts to organize and mobilize the Hispanic community against smoking. Information will be collected and disseminated to show how the tobacco industry has targeted this special population for market expansion. The Center will also publicize successful smoking control programs among Hispanics.

C. SCARC Library And Information Clearinghouse

Objective: To increase the effectiveness of smoking control efforts by providing a complete and accessible information base.

No library now exists that is dedicated to the collection of materials necessary to inform and support smoking control advocacy. The SCARC will build and maintain such a library and make its information base available to all SCARC networks, to journalists, academics and researchers, as well as to the Congress, state legislatures and local policy-making and regulatory bodies.

The library will include the materials and information gathered by its information networks. It will also include periodicals published by pro- and anti-tobacco forces, as well as tobacco-neutral advertising and marketing publications. In addition, the SCARC information clearinghouse will collect and make available published materials on:

- a) scientific research from chemistry, biology, epidemiology, the social and behavioral sciences that supports smoking control advocacy;
- b) smoking control policy research and analyses;
- c) legal research and writing on smoking and smoking control issues, including Constitutional arguments and

product liability information;

- d) national and international studies and reports on smoking control activities.

D. Media Resource Center

Objective: To create and maintain a program that will teach the skills and provide the materials necessary for maximum effective use of the media in smoking control efforts.

1) Media Strategy Development

Sub-Objective: To develop effective strategies for accessing and using the mass media for public education.

Smoking control media efforts are chronically underfinanced, considering the goals that are sought and the opposition that is faced. It will never be possible to match the financial investments that the tobacco industry makes in paid media coverage. Therefore, the challenge to smoking control advocates is to stimulate free media coverage.

To strengthen the media advocacy skills of smoking control leaders at all levels, the SCARC Media Resource Center will collect, evaluate and develop effective strategies for accessing and using the media to:

- a) educate the public about the severity of the risks of smoking, the susceptibility of every smoker and the health benefits of quitting;
- b) educate the public about the health risks of involuntary or passive smoking;
- c) alert citizens and policy makers to the injurious public policies that sanction smoking, including unrestricted advertising and promotion of cigarettes and unrestrained smoking in public areas and the workplace;
- d) build support for corrective public policies;
- e) expose and critique the economic and political influence wielded by the tobacco industry to oppose corrective public health policies;
- f) respond to and correct the propaganda and disinformation campaigns of the tobacco industry;

g) reinforce the evolving social non-smoking norm.

2) Media Materials Development and Dissemination

Objective: To create, adapt, reproduce and distribute smoking control media and media training materials.

The Media Resource Center will collect and maintain a media library of smoking control materials. These will include materials from smoking control campaigns around the world. A centerpiece of this collection will be the approximately 100 highly sophisticated smoking control radio commercials produced by New Sounds, Inc. under the direction of Tony Schwartz. Where appropriate, these materials will be adapted and distributed at cost to tobacco control advocates.

The Media Resource Center library will also collect and distribute at cost a variety of media training materials. These will include Smoke Signals, the Advocacy Institute's smoking control media strategy guide scheduled for production and distribution in late 1987 at the Sixth World Conference on Smoking and Health in Tokyo. These will also include a series of media advocacy training video-cassettes now being developed by David Hoffman of Varied Directions, Inc. with the cooperation of the Advocacy Institute. The video-cassette series is being designed to capture and impart the insights of Tony Schwartz, Advocacy Institute Co-director Michael Pertschuk and other media advocacy specialists.

3) Media Research, Monitoring and Networking

Objectives: To increase the responsiveness of tobacco control advocates to changes in media coverage of smoking related issues. To match media requests with advocates who have newsworthy information.

The SCARC Media Resource Center will continuously monitor the mass media to detect changing trends in the coverage of smoking related issues. The information gleaned from this effort will be used to adjust training programs and specific counseling accordingly. It will also be incorporated into the Smoking Control Computer Bulletin Board information base and the periodic publications of SCARC (see below).

More and more frequently, health editors, producers and reporters approach the Advocacy Institute for background information, general guidance and the identification of reliable information sources in the area of tobacco control. Over the years the Institute has developed an informal network of interested journalists, including investigative reporters, to whom organizations and citizen groups who have newsworthy

material can be referred.

The SCARC Media Resource Center will maintain and continuously update lists of these key journalists to match their requests with the smoking control movement's resources. In this manner, the Center will serve as a primary news resource and a referral service -- a reliable source of information both because of in-house expertise and access to a national network of experts.

E. Strategic Planning And Consultation

Objectives: To provide strategy guidance for the smoking control movement in general. To provide problem-solving and tactical counseling to particular advocacy groups.

1) Strategy Planning

The Advisory Group represents, collectively, a unique repository of smoking control advocacy skill, experience and strategic planning capacity. From time to time, the SCARC will convene selected teams from the Group to address new threats or opportunities. It is expected that these consultations will produce strategic planning documents that can be shared with SCARC's networks, and where appropriate, published for broader audiences.

For example, the smoking control movement may be approaching a critical juncture in the relation between smokers and nonsmokers. Excessive zeal by anti-smoking advocates directed toward smokers rather than the tobacco industry could threaten the smoking control cause by polarizing and galvanizing smokers. The tobacco industry has already tried to capitalize on this possibility by organizing a smokers' backlash to the American Cancer Society's annual Great American Smoke-Out. One cigarette company offers generous free samples to persons who return a coupon completed with their names and addresses. This information is used to compile a mailing list of smokers who are sent literature promoting smoking as a personal civil liberty. The SCARC Advisory Group will be used to help formulate a policy to avoid the harm that can result from this reactionary formation.

Another example of the need for strategic planning arises from the expectation that at least one cigarette product liability case will produce a favorable verdict for plaintiff, within the next year. At that moment, both the tobacco industry and the smoking control movement will face a series of critical questions. Will the cigarette companies seek relief from bankruptcy courts? Will they petition Congress for legislative relief? What should the response of the smoking control

community be? Will the cigarette companies accept restrictions to limit their liability such as the elimination of cigarette advertising and promotion, limits on vending machine sales, or uniform non-smoking indoor air policies? Through SCARC's Advisory Group and other resources, the Center will be uniquely positioned to convene a planning group to address these and other fundamental issues of smoking control strategy.

There is also a distinct possibility that Congress will eventually allocate a substantial portion of the cigarette excise tax to a massive anti-smoking media campaign under the direction of the National Cancer Institute or the Surgeon General. However, no one has even begun to plan how such a media campaign should be designed and implemented for maximum effect. Drawing on its media consultants and key members of its Advisory Group, the SCARC could provide much needed guidance to those charged with designing an anti-smoking media campaign.

2) Tactical Consultations

Most of the leading smoking control advocacy groups have called upon the Advocacy Institute for counseling on general advocacy issues and discrete tactical problems at some time during the last three years. Many of these groups regularly ask for the Institute's help. (See Appendix B.) The development of SCARC, especially its Smoking Control Computer Bulletin Board, will enable the Institute to improve, increase and extend these counseling services. Through its expert networks, the SCARC will also be able to connect groups facing particular problems with other groups and smoking control leaders who have dealt successfully with similar problems.

3) Media Consultations

The Advocacy Institute has served as a unique bridge between smoking control advocates, researchers and investigators who have newsworthy information, and journalists and reporters who have access to the media. The development of SCARC's Media Resource Center will greatly facilitate the Institute's role in assuring coverage for important tobacco-related stories and will optimize strategic use of the media to further smoking control initiatives.

F. Advocacy And Media Training

Objective: To increase the effectiveness of smoking control leaders by improving their advocacy skills and their ability to access and use the media.

To strengthen the media skills, organizing and advocacy abilities of smoking control leaders at all levels, the SCARC

will design and conduct regional training seminars. These seminars will also organize, identify and give much needed recognition to the spark plugs who energize the smoking control movement, and will allow others to benefit from these activists' skills and experience.

In designing the advocacy training portion of these seminars, SCARC will draw upon the Advocacy Institute's extensive experience with public interest organizations and citizen groups from around the country. The SCARC will also continue to identify and monitor other promising training initiatives. Printed training materials and audio-visual aids, including the video-cassette series being developed with David Hoffman of Varied Directions, Inc., will be used.

The media portions of these seminars will be constructed to capture and impart the media advocacy learning of the most skilled practitioners in the country. Syllabi will include: media access and education counseling; developing counter-advertising campaigns; using the media for community organization and mobilization; designing campaign kick-off events; and maintaining media attention.

G. Special Projects

Objectives: To develop models and special materials for mobilization against the health hazards of smoking.

The SCARC is designed as a support or "back-up" center for the smoking control movement, not as an initiative advocacy organization. However, the Center will design and implement non-legislative advocacy programs where such initiatives fill important unmet needs and can serve as pilot or demonstration projects for advocacy strategies.

1) Special Population Demonstration Project (NFE Network)

The "Not Far Enough" network is an appropriate model project for SCARC because women represent a high-risk population that has been targeted as a growth market by the tobacco industry, and because the NFE network promises high yields in lessons for developing replicable community mobilization strategies.

The NFE network will build upon the "Not Far Enough" conference hosted on February 4, 1987, by the Advocacy Institute in cooperation with the National Cancer Institute and the Harvard Institute for the Study of Smoking Behavior and Policy. That conference convened representatives of a broad range of women's organizations including political, professional and public interest groups, academic, medical and government institutions,

business and ethnic organizations. The NFE program will integrate and expand upon the needs and ideas expressed by these conference participants, and their suggestions for the direction that such an effort should take. This will ensure that the project meets the real needs and concerns of the nationwide community it is intended to serve.

The NFE smoking control program will include the following specific activities:

- a) the organization of an Advisory Committee comprised of diverse and representative women's leaders who will counsel and guide the women-oriented smoking control network;
- b) the development and implementation of outreach efforts to expand the number of individuals and organizations involved in smoking control efforts that are led by and aimed at women;
- c) the creation and maintenance of a repository of pertinent medical, behavioral, policy and other information on women and smoking;
- d) the creation and maintenance of an NFE file of member newsletters and other intra- and inter-organizational communications about smoking control;
- e) the collection, analysis and evaluation of women's smoking control programs that are currently in place in traditional medical and public health settings;
- f) the development of new smoking control resources and strategies aimed at women, and the adaptation of existing programs to meet women's special needs;
- g) the collection and dissemination of information about tobacco industry efforts to target women as a growth market;
- h) the development of women-oriented media strategies to encourage women smokers to quit and to counter tobacco industry advertising and promotion that is targeted at women;
- i) the development and implementation of advocacy and media training programs to teach the skills necessary to build and support this network;
- j) the development and implementation of communications networks necessary to build and support this network;

- k) the creation of a women's expert bank/speaker's bureau, supported by special training programs and information kits, comprised of women available to address local and regional organizations and to appear in local media as spokespersons for the women against smoking effort;
- l) the evaluation and documentation of the success of the "Not Far Enough" network;
- m) the publication of a report on the "Not Far Enough" network to provide guidance in other networking efforts.

2) Volunteer Project For A Smoke-free Indoors

A second demonstration project, to be developed in conjunction with the American Cancer Society, is the training program and guide for Voluntary Community Action Towards A Smoke-free Indoors.

As regulatory and legislative momentum builds toward the imposition of mandatory indoor smoking controls, the Advocacy Institute has proposed that the Education Committee of the American Cancer Society enlist ACS's tremendous network of volunteers in a counterpart effort to educate and persuade community "gatekeepers" to adopt voluntary clean indoor air policies. Restaurant managers, hospital and health clinic administrators, personnel managers in offices and factories, school administrators, supermarket and other store operators are all beginning to recognize that they have a responsibility to employees and customers alike to provide a smoke-free environment. Day care centers, pediatricians and school PTA's can also be enlisted to help parents understand the impact of smoking on their children's health.

The Institute emphasized that if ACS would provide its volunteers with the basic facts needed to convince these gatekeepers to take action, and access to sources for help and guidance once they have decided to act, the volunteers would truly serve as advocates for this vital issue of public health.

To supply the basic information and other tools needed for this public education effort, the Advocacy Institute agreed to develop jointly with ACS a "Guide to Voluntary Community Action Towards A Smoke-free Indoors." The Guide will be will be supplemented by a campaign designed to recruit, inform and motivate volunteers to serve as community advocates.

The Guide will include:

- a) step-by-step advocacy strategies, adapted for ACS

volunteers, to introduce a variety of community gatekeepers to the goal of a smoke-free indoors;

- b) outlines of model programs successfully adopted by business and community leaders;
- c) explanations of the health effects of involuntary smoking in the home and workplace;
- d) clear, simple and persuasive arguments in support of smoking control policies;
- e) clear and persuasive answers to the questions most commonly asked and the concerns most commonly raised by the gatekeepers; and
- f) up-to-date directories of sources of authoritative information and counsel for gatekeepers who are ready to act, but need further assurance and guidance.

While the direct benefits of this program should prove substantial, the project is particularly attractive to the SCARC because it will also serve as a demonstration project for the development of techniques to enlist health volunteers as community smoking control advocates.

3) The Smoking Control Advocate's Media Handbook

The development and periodic updating of Smoke Signals, a media advocacy handbook, has been undertaken as a special project of the SCARC in response to an overwhelming endorsement by the Advisory Group of the need to develop media strategies and media advocacy skills among smoking control advocates.

4) The Coalition Building Guide

Similarly, the need for community organizing and mobilization insights and strategies underlies the development by SCARC of the "Coalition Building Guide," scheduled for completion in November 1987.

H. Information And Resource Dissemination

Objectives: To insure ready access to and broad distribution of the information and other resources developed by the SCARC.

As described above, the SCARC will include a library and information clearinghouse overseen by a Librarian/Information Specialist. These resources will be made available upon request to citizen groups and smoking control organizations, members of

the press, legislators and their staffs. In addition, the SCARC will provide other means to disseminate important information.

1) Smoking Control Computer Bulletin Board

To facilitate the rapid dissemination of information in support of smoking control advocacy efforts, the SCARC will create and maintain a national Smoking Control Computer Bulletin Board. It will be accessible to anyone through a personal computer equipped with a modem and communications software. Use will be free; the only charges incurred will be those for long distance telephone time.

Bulletin Board users will be guided by menus and help screens, and will only have to respond to a few simple prompts to gain access. Information may be targeted, quickly scanned and then downloaded into the user's system for leisurely perusal at a later time.

Bulletin Board topics will be distilled for presentation in a brief and easy to read format. Complex subjects will include bibliographies and suggested readings for more extensive research. Special sections will include "Important Announcements," a "Calendar of Upcoming Events" and "Legislative and Regulatory Tracking."

The Smoking Control Computer Bulletin Board will also support two-way communications among its users so that important information can be shared in a timely fashion with large numbers of smoking control advocates. Users will be able to participate in "public forums" as well as to exchange private messages with others participating in the system.

2) Action Alerts

Important information and announcements from the Computer Bulletin Board will be published off-line on an as-needed basis and sent to members of the SCARC networks and other interested parties. It is anticipated that approximately 12 of these Action Alerts will be distributed each year.

3) SCARC Newsletter

More detailed information will be provided to the SCARC networks and to members of larger mailing lists through the publication of a periodic newsletter. During its start-up year, two of these newsletters will be distributed. At full operation a maximum of four newsletters will be sent out each year.

4) Lessons From The "Not Far Enough" Network

As noted above, the experiences and lessons learned from

designing, implementing and evaluating the "Not Far Enough" women's smoking control network will be compiled in a special publication. This booklet will provide guidance for other efforts to organize the leaders of special populations.

V. THE ADVOCACY INSTITUTE

The Advocacy Institute is a nonprofit center for the study, analysis and teaching of advocacy strategies and skills for use by nonprofit and citizen groups to effect public policy change. The Institute does not substitute its own efforts for those of the groups it serves. Rather, it strengthens the client organizations' advocacy skills and resources. By enhancing rather than replacing the skills of citizen groups, the Institute increases the effectiveness of these associations and strengthens citizen participation in public policy making.

Since its inception in Washington, D.C. in 1984, the Institute has also served at the invitation of foundations and citizen groups as an intermediary in convening, counseling and administering the process of strategic planning to achieve a variety of social goals. These range from nuclear arms limitation to the assurance of citizen access to essential information. The Institute provides a unique meeting ground for academics, activist organizers, public policy professionals and media experts. The Institute also conducts seminars and workshops, develops printed and audio-visual teaching materials, and provides clinical training in the full range of advocacy skills.

Institute Co-director Michael Pertschuk has been a major national and international smoking control leader and strategist for the past 25 years. Thus, within the last three years, virtually every significant organization involved in smoking control advocacy has sought guidance and strategic counseling from the Institute. These include the U.I.C.C (The International Union Against Cancer), the National Cancer Institute, the American Cancer Society, American Lung Association, American Heart Association and Americans for Non-smokers Rights. (See Appendix B.)

During these three years the Institute has expanded and institutionalized its smoking control support services, in part through the support of a Kaiser Family Foundation development grant. In particular, the Institute has developed its interactive, smoking control leadership network.

Though many diverse organizations engage in smoking control efforts, the Advocacy Institute is unique in several respects:

- o The Institute does not engage in advocacy, but serves

as a unique support center for advocacy groups and leaders. Since its resources are not constantly diverted by the demands of advocacy campaigns, the Institute can concentrate on the long-range planning and development that is essential to the maintenance of an effective smoking control movement.

- o The Institute enjoys the trust and confidence of the full range of smoking control leaders, from senior government officials to individual citizen activist/spark plugs.
- o Since its advisory group includes prominent smoking control leaders from around the country, the Institute can draw on a deep reservoir of specialized advocacy skills and experience. It can avoid duplication of efforts by synthesizing the full range of successful smoking control tactics.

VI. SCARC PERSONNEL

A. SCARC Advisory Group

To help guide the operations of the Smoking Control Advocacy Resource Center, an Advisory Group has been assembled of preeminent smoking control advocacy strategists and practitioners from across the country. The Group has been designed to draw on the diverse expertise of academics, researchers, public policy professionals, citizen spark plugs and media advocacy experts (see Appendix C.)

The Group will operate as an informal, flexible resource. It will constitute the core of intelligence gathering and the nexus of the SCARC Spark Plug Network.

Although the Group will never be physically assembled as a whole, it will be in constant communication with the SCARC staff (and each other) through the Smoking Control Computer Bulletin Board. Individual members of the Advisory Group will be asked, as appropriate, for specific advice in their areas of expertise. In addition, selected groups will be brought together -- physically, by the circulation of draft strategy papers or by teleconferencing -- to design particular strategies or to address particular problems as they develop. Periodically, the entire group will be surveyed to determine their perceptions of the needs of the smoking control movement and the accomplishments of the Smoking Control Advocacy Resource Center.

In addition to their roles as informants, advisors, strategists and consultants, most members of the Advisory Group have agreed to serve (as available) as resource persons for

advocacy groups seeking counseling and assistance, as liaisons to connect the SCARC to centers of scientific research, government agencies, smoking control and nonsmokers' rights organizations across the country, and as expert spokespersons deployed by the Media Resource Center.

B. SCARC Intelligence Gathering Network

Persons who have or will be recruited to participate in the Intelligence Gathering Network include:

Dr. Alan Blum, Professor of Medicine, Baylor University School of Medicine, Wayco, Texas. Founder of D.O.C. ("Doctors Ought to Care," a 3,000-member smoking control advocacy organization for physicians); editor of special editions of both the Australian and New York State Medical Association Journals amassing extensive data on tobacco industry strategies and behavior; indefatigable chronicler of tobacco industry behavior, especially marketing and promotions targeted toward Blacks and other minorities.

Dr. Virginia Ernster, Associate Professor of Epidemiology, Department of Epidemiology and International Health, University of California School of Medicine, San Francisco. Leading authority on cigarette company advertising and promotion targeting women.

Dr. Stanton Glantz, Associate Professor of Medicine, University of California School of Medicine, San Francisco. Strategist and seminal leader of Californians for Non-smokers Rights; specialist in tracking tobacco industry resistance to the adoption of clean indoor air policies.

Richard A. Daynard, Professor of Law, Northeastern University School of Law, Boston, Massachusetts. Co-chairman, Tobacco Products Liability Project; specialist in tracking tobacco industry resistance to product injury liability.

Dr. C. Garfield Mahood, Executive Director, Non-smokers' Rights Association, Smoking and Health Action Foundation, Toronto, Canada. Extensive experience in monitoring and research on Canadian tobacco industry strategies.

Dr. Joseph Tye, Founder and President of STAT (Stop Teenage Addiction to Tobacco), Palo Alto, California. Specializes in monitoring cigarette company advertising and marketing strategies.

Lawrence White, Attorney, New York City. Frequent contributor to the American Council on Science and Health's News & Views; exhaustive researcher of the economic and political

structure of the tobacco industry.

C. Advocacy Institute Co-Director Michael Pertschuk

Advocacy Institute Co-Director Michael Pertschuk has been a national and international smoking control strategist and leader for the past 25 years (see Appendix D.)

As Chief Counsel and Staff Director of the Senate Commerce Committee, Mr. Pertschuk was the principal staff member responsible for developing the Federal Cigarette Labeling and Advertising Act of 1965, and the amendments of 1969 that banned the television advertising of cigarettes. As Chairman of the Federal Trade Commission from 1977-1981, he was also responsible for developing the FTC's 1981 report and proposal to Congress to strengthen cigarette label and advertising warnings. This report formed the basis for Congressional enactment of the Comprehensive Smoking Prevention Education Act of 1984.

More recently, Mr. Pertschuk planned, organized, coordinated and developed the strategic documents supporting the International Summit of Smoking Control Leaders held in Washington, D.C. in September 1985. He and has keynoted critical conferences including the National Cancer Institute's April 1987 conference that explored "Tobacco Use Control: Strategies for the 1990's" (see Appendix E). He has also authored numerous papers and articles on smoking control strategies and tactics.

As Co-Director of the Advocacy Institute since 1984, Mr. Pertschuk has provided guidance and strategic counseling to virtually every significant organization involved in smoking control advocacy. He will devote 50 percent of his time to planning and directing the work of the Smoking Control Advocacy Resource Center.

D. SCARC Staff

1) Director Anne Marie O'Keefe

Anne Marie O'Keefe is a lawyer and a clinical psychologist (see Appendix F.) A former health attorney for the Federal Trade Commission, Dr. O'Keefe is also an experienced community organizer and program developer. She has lectured and published widely on health and health policy.

Dr. O'Keefe will direct and manage the Smoking Control Advocacy Resource Center on a full-time basis. She will be responsible for the implementation of its major program initiatives, the creation of its communications network, the editing and production of its printed materials and the

maintenance of its media and advocacy resources. She will hire, train and supervise all SCARC support staff. With the help of the Center's Advisory Group and special consultants, Dr. O'Keefe will also develop and conduct the Center's advocacy and media training programs.

2) Information Specialist/Librarian

The SCARC will employ a full-time Information Specialist/Librarian. This person will be responsible for managing and maintaining the Center's library of printed materials. This includes organizing, summarizing and cataloging advocacy materials, model legislation, hearing reports, legal issues, regulatory materials and tobacco industry information. This staff person will respond to requests for information and maintain all bookkeeping and record-keeping systems for accounting and reporting purposes. S/he will be assisted in this work by two half-time research assistants.

The Information Specialist/Librarian will also be responsible for developing and maintaining the Center's communications and information systems. These include all networking, distribution and publications lists, as well as the Smoking Control Computer Bulletin Board system.

3) Media Resource Center Director Phillip Wilbur

Phillip Wilbur has a degree in communications from the University of Maryland and extensive media experience in the smoking control area. He worked as principal staff assistant to Tony Schwartz. Mr. Wilbur will join the SCARC staff at two-thirds time to establish and operate the Media Resource Center.

Under Mr. Wilbur's direction, the Media Resource Center will serve as the base for collecting, evaluating, adapting, reproducing and making available model smoking control media advocacy materials. These will include radio and television advertisements, public education materials, talk shows, interviews, training cassettes and video tapes. Providing continuous liaison with Tony Schwartz, Mr. Wilbur will also develop new media materials to be made available for distribution to smoking control advocates across the country.

Mr. Wilbur will also help to plan and conduct media strategy and skills training programs across the country. He will design, develop and produce media skills training materials, including periodic updates of Smoke Signals: The Smoking Control Media Advocacy Guide. Together with Michael Pertschuk and Anne Marie O'Keefe, he will monitor and analyze trends in mass media coverage of smoking related issues, and help to develop and coordinate responses to those trends. He will develop and maintain key contacts in all mass media, recruit volunteer media

specialists, and help to match media needs with resources in all regions of the country.

4) Administrative Assistant/Secretary

An Administrative Assistant/Secretary will be hired to provide full-time office management and clerical support to the SCARC.

5) Research Assistants

The SCARC personnel will include, at all times, two part-time or one full-time research assistant(s). Under the direction of the Center Director and Information Specialist, this researcher will be responsible for monitoring tobacco industry and smoking control literature, and collecting, analyzing, and summarizing printed materials. S/he will organize and maintain the SCARC library and information files, and log all requests for and distribution of materials. This staff person will also track the progress of smoking control legislation and regulations across the country.

E. Public Health Internships

To provide advocacy training for masters-level degree candidates in public health, the SCARC will support two six-month full-time internships per year. The minimum six-month period will provide the opportunity for the interns to become fully involved in smoking control issues and to learn about the advocacy process. This period is also consistent with the field work options at several schools of public health.

A three-person committee will review all internship applications. This committee will consist of Co-director Michael Pertschuk, SCARC Director Anne Marie O'Keefe, and a public health specialist from the Advisory Group. Each applicant will be asked to provide a clear set of learning objectives that can be accomplished during the internship period. In addition, a one-page summary of the skills and assets the intern will bring to the position will be required.

Upon selection, the intern will meet with Mr. Pertschuk and Dr. O'Keefe to negotiate an internship contract. The contract will stipulate the responsibilities of the intern (e.g., to work a minimum of 48 hours per week, to provide a monthly feedback statement on internship progress), the responsibilities of the SCARC mentors (e.g., to meet with the intern for two hours per week, to provide clear task assignments and work reviews) and what the Center will provide (e.g., office support, access to a personal computer). All interns will have the opportunity to participate in the formal advocacy training programs that are

conducted during their tenure.

At the completion of the internship an evaluation will be conducted to determine compliance with the internship contract and to provide feedback on the learning experience.

F. SCARC Consultants

1) Media Consultant Tony Schwartz

As a prime source of expertise and creativity, the Media Resource Center will utilize the consulting services of Tony Schwartz. Mr. Schwartz is, without peer, the preeminent smoking control media advocacy strategist and practitioner.

Mr. Schwartz has been a leading creator of both product and issue advertising for 40 years. He has produced more than 20,000 radio and television commercials for more than 650 clients, including five presidential campaigns and more than 300 senatorial, congressional, gubernatorial and mayoral campaigns -- for which he has been recognized by at least 360 awards. He has authored two books on communications and lectured on the topic throughout the world. In the Spring of 1987, he developed and taught a pioneering course in the use of media for health promotion at Harvard's School of Public Health.

In the field of smoking control, Mr Schwartz created the widely admired series of anti-smoking "countercommercials" aired by broadcasters in the late 1960's under FCC rules. For 20 years he has been the principal creative force behind the American Cancer Society's smoking control advertising campaigns. Last year alone he created more than 50 radio countercommercials (in consultation with the Advocacy Institute) which highlighted the New York City Campaign for a Smoke-free Indoor New York.

Mr. Schwartz will continue to produce electronic media materials for the SCARC and the groups it advises. In addition, with Phillip Wilbur, he will adapt a variety of radio counter-commercials, from which smoking control groups can select for their particular needs, paying only the costs of reproduction. He will also be available for teaching, training and special consultations on media skills and strategies.

2) Advertising and Publications Consultant Stanley Cohen

Stanley Cohen served for nearly 40 years as the Washington editor of Advertising Age. He is a leading analyst of advertising industry practices, and an expert in the interrelationships between government and advertising.

Mr. Cohen will serve the SCARC as a special consultant for advertising and publications. He will monitor advertising trends and help to develop counteradvertising strategies. He will also review and edit special smoking control advocacy publications, including updates to Smoke Signals.

3) Organization and Mobilization Consultant Robert Weymueller

Robert Weymueller is the former Director of the American Lung Association's Washington office. He was the principal organizer and first Chairman of the Coalition on Smoking OR Health.

Mr. Weymueller will serve the SCARC as a special consultant for community organization and mobilization around smoking as a public health issue. He will contribute to the development of advocacy training materials, and will help to conduct advocacy skills development workshops throughout the country. Mr. Weymueller will also be available for individual consultation with organizations and citizen groups on an as-needed basis.

4) "Not Far Enough" Network Consultant Susan Arnold

Susan Arnold worked for five years as chief legislative assistant for health and education on the staff of Senator Ted Stevens. Since 1986 she has worked for the Coalition on Smoking OR Health, a Washington, D.C.-based organization that combines the efforts and assets of the American Heart Association, American Cancer Society and American Lung Association in smoking control efforts. Ms. Arnold is knowledgeable and experienced in general organizing and advocacy efforts, in the history and marketing tactics of the tobacco industry, and in the development and implementation of policies to counter smoking behavior.

Ms. Arnold will serve as a special consultant to the "Not Far Enough" Network, a model project to galvanize and organize women's leaders in smoking control efforts aimed at women. It is expected that her consulting and support services for the Network, a SCARC pilot project, will consume 33 percent of her time.

5) Black Community Mobilizing Strategists Troy Duster and John Childs

Professor Troy Duster is Director of the Center for Urban Anthropology at the University of California, Berkeley. A prominent Black urban anthropologist, Professor Duster serves as consultant to the "Richmond Quits Smoking" trial community mobilization project funded by the National Cancer Institute (NCI) in Richmond, California.

Professor John Childs of is a distinguished Black historian and anthropologist at the University of California, Santa Cruz.

Professors Duster and Childs will work with SCARC in the development of thematic and symbolic issue framing strategies to counteract tobacco industry influence on Black leadership.

6) Computer Consultant

A specialist in computer bulletin boards will be retained on a consultation basis to design, implement and maintain the SCARC computer network system, including hardware acquisition. This consultant will create user-friendly systems for loading, accessing and down-loading bulletin board information, and for supporting two-way communication among bulletin board users. S/he will establish systems for off-line publication of bulletin board information. In addition, this consultant will train SCARC staff in the use and maintenance of the system, and will remain available for continuing consultation to SCARC staff and other system users on an as-needed basis.

VII. EVALUATION

The Smoking Control Advocacy Resource Center and its many components comprise a distinctive proposal for several reasons. First, the main goal of this proposal is not to create more smoking control programs, but to build and maintain a structure that will support and enhance existing smoking control efforts. The fractionation and relative isolation of the many players in this movement are major handicaps in their struggle. Therefore, SCARC will supplement but not duplicate existing efforts. SCARC will achieve its goals by strengthening the advocacy efforts of the organizations and citizen groups that it serves.

A second factor that makes SCARC relatively unique is that its success will not be reflected by public recognition. The fact that SCARC is not seeking acclaim for its work makes it less threatening to the smoking control efforts that currently exist, and therefore more effective as an intermediary institution among them. It is also important that SCARC will not be competing with the limited resources that are available to existing smoking control efforts.

Related to these, a third principle that differentiates SCARC from more traditional smoking control efforts is that the demonstration projects that SCARC will develop are not goals in themselves. Rather, they have been included because they can serve certain pressing needs that are not being met in the movement at large, and because they can function as models for other programs. However, if SCARC is successful, these special projects will be spun off and continued, or replicated, by other

groups.

The fact that SCARC is designed to serve as an intermediary resource (not a primary one) for the smoking control movement may at first make evaluation appear to be difficult. However, constant evaluation is critical to the success of this effort because it will guide SCARC's continuing evolution to meet the needs of smoking control movement. (It was precisely these needs, discovered through extensive consultation with individual smoking control efforts, that gave rise to this proposal.) In addition, many of SCARC's individual components can be evaluated through traditional means.

A. Information Networks

The SCARC networks are designed to serve as intelligence and communications systems that will support the collection, analyses and dissemination of information and materials necessary to ensure the success of smoking control efforts across the country. Therefore, the most basic level of evaluation will document that these networks exist and are operational, i.e., that information is being shared through them.

Members of all networks will be surveyed at least annually. The information gleaned from these surveys will be used to evaluate network operations, and to modify them to meet members' needs. Among other things, these surveys will ask:

How often within the last __ months have you communicated with SCARC central office?

How often within the last __ months have you communicated with other members of the network?

What is the most important information you have offered to the network in the last __ months?

What is the most important information you have learned from the network within the last __ months?

How well is the network serving the needs of your smoking control effort?

How could the network change to better serve your needs?

Specific survey questions will be designed for gathering information about each network. Questionnaire items will be constructed for ease in tabulating, analyzing and reporting the results.

1) Intelligence Gathering Network

The Intelligence Gathering Network has been designed to monitor and report on the tobacco industry. Each member of the network will be assigned a specific area for intelligence gathering by September 1, 1987, and begin supplying information immediately thereafter. Its members are expected to be in fairly frequent communication with SCARC's central office and with each other. Evaluation of this network will focus on the amount and accuracy of information gathered about the industry, and its usefulness in discrete smoking control efforts. This will include evaluation of how and how often information from the network is incorporated into Computer Bulletin Board announcements and Action Alerts. It will also include assessment of how and how often this information is used by smoking control efforts in the field (see below).

Because communication with and among the members of this network will be so frequent, informal evaluation of its effectiveness will be conducted constantly. A formal evaluation will be conducted by survey during September of 1988, 1989 and 1990, in preparation for a report to funders at the end of each fiscal year. This report will include descriptions of the unique contributions made by the intelligence gathering network.

2) Spark Plug Network

It is projected that by September 1, 1987, the Spark Plug Network will include at least 30 persons. By September 30, 1988, it is expected to include approximately 50 to 75 persons. The network will be expanded through outreach efforts during grant years two and three. However, by the nature of its design and function, the Spark Plug Network is not expected to exceed 150 participants.

This network will include representatives of public interest organizations, state and local health departments, life and health insurance companies, schools of public health and large employers. However, it will also include many individuals who, though extremely active in smoking control, do not maintain formal affiliation with any organizations. The network has been conceived to capitalize on the energy and abilities of these special individuals, and to enhance their effectiveness by packaging and disseminating their knowledge and ideas.

At the end of each full year of operation the members of the Spark Plug Network will be surveyed to determine their participation and satisfaction with the network. They will be asked if they wish to continue participation in the Network. Evaluation of this Network will also include the utility of the information it gathers as measured by its use in the field.

3) Network of International Smoking Control Experts

This network will be in place and functioning by March 1, 1988. Because of its international nature, it will not be formally surveyed. Rather, the utility of the information gathered and shared through this network will be evaluated through an annual report by Advocacy Institute Co-Director Michael Pertschuk.

B. Special Population Networks

The special population networks have been designed to identify potential smoking control leaders of the special populations that have been targeted by the tobacco industry as growth markets, and to connect these leaders to special communications networks through which they can exchange information and jointly develop appropriate strategies to counteract tobacco industry efforts. Evaluation of the effectiveness of these networks will vary according to the specific objectives sought for each special population.

1) "Not Far Enough" Women's Network

The "Not Far Enough" Network will incorporate many of the assets and advantages of SCARC into a model or demonstration project. Therefore, in the short term, many specific facets of the Network will be evaluated and reported (see below). However, in the long term, it is expected that the NFE Network will be spun off from SCARC control, and will be continued or replicated by other groups more directly involved in anti-smoking advocacy.

2) Outreach to Blacks

As discussed above, SCARC's role in organizing Blacks for smoking control is not to lead, but to counsel, facilitate and support. Evaluation of the success of this outreach effort will therefore include the number and nature of special consultations and support programs, including presentation of the "Richmond Quits Smoking" program to members of the Congressional Black Caucus. (This event is planned in conjunction with the Black Caucus' annual weekend retreat in September 1987.) Beginning during its first grant year, SCARC will work with special consultants to develop a national strategy framework for the Black community. By September 30, 1988, SCARC will have identified and facilitated the organization of Black leaders against smoking. At yearly intervals thereafter, SCARC will help these leaders to survey their own special needs, and to determine how well those needs are being met by available resources, including those from SCARC.

3) Outreach To Youth And To Hispanics

Similar to its role in support of the Black community, SCARC will be a counselor and supporter of special efforts at smoking control among the nation's youth and Hispanic populations. This will include providing back-up, problem-solving, special consulting and other forms of support to the Tobacco Free Young America project. These special services will be tracked and reported at the end of SCARC's first full year in operation.

The major thrust of SCARC's outreach effort to these special populations will begin October 1, 1988. At the end of years two and three, evaluation reports will be prepared that include the results of special surveys of these populations.

C. SCARC Library And Information Clearinghouse

Creation of the SCARC library and information clearinghouse will begin in late 1987 and continue throughout the grant period. At the end of the first full year of operation, and at least annually thereafter, a catalogue will be published that lists and briefly describes the materials available from this library. Records will be kept of all individuals and organizations who order and receive materials from this library. These records will be summarized and reported at the end of each fiscal year.

D. Media Resource Center

The major objective of the Media Resource Center is to create and maintain a program to teach the skills and provide the materials necessary for maximum effective use of the media in smoking control efforts. This work will begin with the arrival of the Media Resource Center Director on September 1, 1987.

1) Media Strategy Development

Collection and evaluation of existing media strategies, and development of effective new strategies for use of the media in smoking control will begin with the arrival of the Media Resource Center Director on September 1, 1987. These strategies will be incorporated into media training seminars and other media materials, including periodic updates of Smoke Signals. Their effectiveness will be evaluated in-depth in the 11 trial sites for the COMMIT project funded by National Cancer Institute (see below).

2) Media Materials Development and Dissemination

The creation and maintenance of a media library of smoking control materials, including training materials, will begin September 1, 1987, and the collection will build throughout the grant period. At the end of each full year of operation, a Media

Resource Center catalogue of these materials will be updated and published, including descriptions of available materials and their suggested use.

Records will be kept of all individuals and organizations who order and receive materials from this library. These records will be summarized and reported at the end of each fiscal year.

3) Media Research, Monitoring and Networking

With help from the Intelligence Gathering and Spark Plug Networks, the Media Resource Center will continuously monitor the mass media to detect and analyze changing trends in the coverage of smoking related issues. This information will be incorporated into the Computer Bulletin Board information base, Action Alerts and other periodic publications and media training programs. In addition, all referrals to news sources will be tracked and reported at the end of each fiscal year.

E. Strategic Planning And Consultation

1) Strategy Planning

2) Tactical Consultations

3) Media Consultations

It is anticipated that two to three special consultations will be provided each week during the start-up and first year of SCARC's operation. This is expected to increase to approximately five per week when the SCARC is in full operation. A log will be kept of all consultations, including follow-up, for reporting purposes.

In addition to this tabular evaluation, detailed analysis will be conducted and reported on the strategic planning and consultation services provided to the 11 test sites participating in the eight-year COMMIT program (Community Intervention Trial for Smoking Cessation) funded by the National Cancer Institute.

Following randomization of these COMMIT sites, SCARC will work on a consultation basis with each test city in the 11 pairs to develop and implement specific strategies for community organization and mobilization, as well as access to and use of the media, and strategies to counteract efforts of the tobacco industry. The effectiveness of these consultation services will be evaluated through annual cross-sectional surveys to be designed, conducted, analyzed and reported by the Project Officer responsible for each test site. Results of these evaluations will be compared to the non-test cohorts in each of the 11 sites. Evaluation will range from simple name recognition of discrete media campaigns to complex statistical analyses designed to

measure the impact of specific programs.

Through the COMMIT program, these 11 sites will function as field laboratories to assess the effectiveness of SCARC's consultation services in general, and several specific strategies in particular. Many prime opportunities for evaluation will arise throughout the 48 months of intervention planned in the COMMIT project. Results of these evaluation procedures will be reported to SCARC funders as they are made available by COMMIT Project Officers.

F. Advocacy And Media Training

The first training seminar will be held in June 1988. Beginning in the second full year of operation, two seminars will be held each year. Their location will be rotated throughout the country.

Initial evaluation of these seminars will be conducted on site through survey evaluation forms designed to record participants' perceptions and impressions of the training experience. Follow-up evaluation at one year subsequent to each seminar will survey participants' use of acquired skills in the field.

G. Special Projects

1) Special Population Demonstration Project (NFE Network)

The "Not Far Enough Network" is a complex demonstration project that will encompass several milestones and evaluation points.

The first of these was the "Not Far Enough" conference hosted on February 4, 1987, by the Advocacy Institute in cooperation with the National Cancer Institute and the Harvard Institute for the Study of Smoking Behavior and Policy. The success of this conference will be measured by: written responses from the participants to a follow-up offer of participation in the NFE Network; a survey of participants' perceptions of the conference; dissemination of "Not Far Enough: Women vs. Smoking", a publication of the proceedings of this conference; a survey of conference participants' reaction to this publication.

Many specific activities of the NFE program will be evaluated in the same manner as described for these activities in SCARC as a whole. These include: the women's information clearinghouse; the collection, analysis and evaluation of current women's smoking control programs; the development of new smoking control resources and strategies aimed at women; the collection and dissemination of information about tobacco industry efforts to target women as a growth market; the development of women-

oriented media strategies; the development and implementation of advocacy and media training programs; and the development and implementation of women's communications networks.

Special features of the NFE Network will require special evaluation. These include outreach efforts to expand the number of individuals and organizations involved in smoking control efforts that are led by and aimed at women. The effectiveness of these efforts will be measured by surveys of network participants to be conducted during September of 1988 and 1989. The effectiveness of the women's expert bank/speaker's bureau will be evaluated by the number of appearances made by bureau participants, and their reports of audience reactions. It will also be assessed by the number of requests for media and information kits to be developed and disseminated through the network.

It is planned that by the third year of SCARC's operation, the NFE Network will have been spun off for operation or replication by other organizations. The lessons learned from this experience, including the information gained through evaluation, will be described in a special report published by SCARC by September 30, 1990. This report will provide guidance to other networking efforts, especially those among special populations.

2) Volunteer Project For A Smoke-free Indoors

The "Guide to Voluntary Community Action Towards A Smoke-free Indoors" will be completed by December 1, 1987. It will be evaluated through: feedback from collaborators at the American Cancer Society; dissemination and use by ACS volunteers in the field; ACS evaluation of the success of the smoke-free indoors effort; and controlled research methods at the 11 COMMIT trial sites.

3) The Smoking Control Advocate's Media Handbook

Smoke Signals will be completed by November 15, 1987. It will be updated periodically after that. The usefulness of this publication will be evaluated by: distribution of the publication to smoking control advocates in the field; use of its specific strategies as reported by SCARC networks in annual surveys; success of specific strategies employed by smoking control programs in the 11 COMMIT sites.

4) The Coalition Building Guide

The "Coalition Building Guide" is scheduled for publication by November 30, 1987. Similar to the media handbook, evaluation of this booklet will be through: distribution to smoking control advocates in the field; use of its specific strategies as

reported by SCARC networks in annual surveys; success of specific organization and mobilization strategies employed by smoking control programs in the 11 COMMIT sites.

H. Information And Resource Dissemination

1) Smoking Control Computer Bulletin Board

The Smoking Control Computer Bulletin Board will begin to be phased in during fiscal year '88, and will be fully operational by April 1, 1989. The system will be designed to automatically record and periodically report its own use. In addition, users will be electronically surveyed at six-month intervals during full operation to gather feedback on the system's utility and effectiveness.

2) Action Alerts

It is anticipated that, beginning January 1, 1988, approximately 12 Action Alerts will be distributed each year, on an as-needed basis. The effectiveness of these Alerts will be assessed through the breadth of their distribution, through the periodic surveys of network members, and through use of the information they contain as reported by smoking control programs.

3) SCARC Newsletter

During the first grant year, two newsletters will be published and distributed. During the second and third years this will increase to a minimum of three and a maximum of four.

Evaluation of the newsletters will parallel evaluation of the Action Alerts.

4) Lessons From The "Not Far Enough" Network

The lessons learned from the "Not Far Enough" women's smoking control network will be compiled in a special booklet for publication by September 30, 1990. The extent of its distribution, feedback from users and network surveys of its usefulness will comprise its evaluation.

I. SCARC Personnel

1) SCARC Advisory Group

Most members of the SCARC Advisory Group have been recruited. Subgroups of these persons will be convened on an as-needed basis at face-to-face meetings, through the exchange of papers or by teleconferencing.

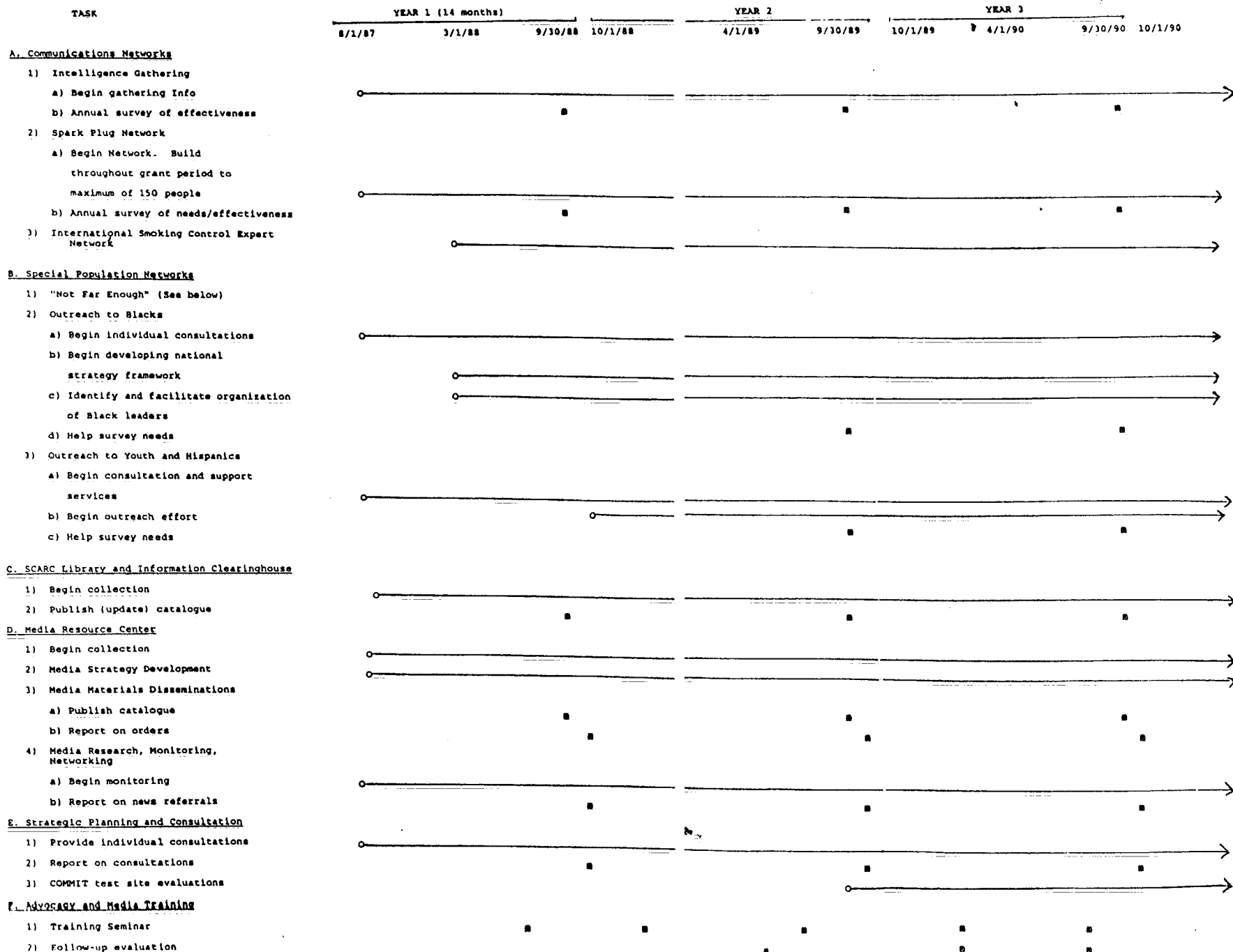
2) SCARC Staff

The SCARC Director is already on board. Its Media Resource Center Director will be working two-thirds time by September 1, 1987. The full-time Information Specialist/Librarian and Administrative Assistant/Secretary will be hired by September 1, 1987. The first public health intern will begin in the second grant year. Research Assistants will be working by September 1, 1987.

3) Public Health Internships

Beginning in the second grant year, at least two six-month public health internships will be sponsored each year. Evaluation of these internships will be through a report from each intern that includes an assessment of the achievement of learning objectives and fulfillment of the internship contract. In addition, the SCARC mentors will evaluate each intern's contributions and performance in an exit interview and a written report to the intern's educational institution.

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- TASK
- YEAR 1 (14 months) 0/1 YEAR 2 YEAR 3
- 8/1/87 1/1/88 9/30/88 1/88 4/1/89 9/30/89 10/1/89 4/1/90 9/30/90 10/1/90
- G. Special Projects
- 1) "Not Far Enough" Network
 - a) Disseminate NFE Conference publication
 - b) Survey participants in 2/87 Conference
 - c) Women's Information Clearinghouse
 - d) NFE Network
 - e) Survey Network Participants
 - f) Publish Special report
 - 2) Volunteer Project for Smokefree Indoors
 - a) Complete Guidebook
 - 3) Smoke Signals
 - 4) Coalition Building Guide

H. Information and Resource Dissemination

- 1) Smoking Control Computer Bulletin Board
 - a) Begin operations
 - b) Survey users
- 2) Action Alerts
- 3) SCARC Newsletter

I. SCARC Personnel

- 1) Director
- 2) Information Specialist/Librarian
- 3) Media Resource Center Director
- 4) Administrative Assistant
- 5) Research Assistants
- 6) Public Health Internships

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SCARC BUDGET

8/1/87 - 9/30/88*

10/1/88 - 9/30/89

10/1/89 - 9/30/90

PERSONNEL

A. Salaries and Wages

Co-Director	38,000 (1/2 time)	34,000 (1/2 time)	34,000 (1/2 time)
SCARC Director	46,666	43,000	45,000
Media Resource Center Director	23,100 (2/3 time)	22,000 (2/3 time)	23,100 (2/3 time)
Information Specialist	28,000	25,000	25,000
Support Staff	21,000	20,000	21,000
Research Assistant/s	21,000	18,000	19,000
Public Health Interns	--	6,000	12,000
Computer Coordinator	24,500	21,000	22,050
Total Salaries	<u>\$202,266</u>	<u>\$189,000</u>	<u>\$201,150</u>

B. Fringe Benefit at 20%
of gross

40,453	37,800	40,230
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C. Consultants

(Contract Fee - No Fringes)

Media (Tony Schwartz)	25,000	30,000	30,000
Advertising & Publications (Stan Cohen)	10,000	10,000	5,000
Organization/Mobilization (Robert Weymueller)	15,000	15,000	15,000
"Not Far Enough" Network (Susan Arnold)	8,750	10,000	---
Black Community (Troy Duster & John Childs)	10,000	15,000	15,000
Computer Networking	6,800	3,400	3,400
Intelligence Gathering Network	35,000	35,000	35,000

D. Total Personnel Costs	<u>\$353,269</u>	<u>\$345,200</u>	<u>\$344,780</u>
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*N.B., First year budget is calculated over a 14-month period.

ESTIMATED OPERATING EXPENSES

Space Costs	23,000	29,000	33,000
Office Equipment	7,000	5,500	4,000
Telephones	6,000	8,000	5,000
Postage & Delivery	2,100	2,400	2,700
Supplies	1,400	1,800	2,100
Printing & Copying	6,000	12,000	14,000
Publications, Dues & Subscriptions	5,000	5,000	5,000
Travel	8,000	10,000	12,000
Meetings & Seminars	35,000	37,000	37,000
Accounting	4,000	6,000	8,000
Administration	5,000	5,000	7,000
TOTAL OPERATING EXPENSES	102,500	121,700	129,800
<u>TOTAL SCARC EXPENSES</u>	<u>\$455,769</u>	<u>\$466,900</u>	<u>\$474,580</u>

PROJECTED INCOMEGrants

Kaiser Family Foundation	150,000	150,000	----
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Contracts

COMMIT (advocacy training and consultation)			
40,000	45,000	50,000	
STCP and COMMIT (media advocacy series)			
50,000	50,000	50,000	
STCP (Not Far Enough Network)			
30,000	----	----	

Fee for Services Rendered

American Cancer Society	20,000	----	----
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Additional Funding Support Needed

165,769	221,900	374,580
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X. LIST OF APPENDICES

- A. Bibliography Of Smoking Control Materials Developed By The Advocacy Institute
- B. Smoking Control Groups Counseled By The Advocacy Institute.
- C. Prospective Smoking Control Advocacy Resource Center Advisory Group
- D. Michael Pertschuk's Smoking And Health Related Curriculum Vitae
- E. "Tobacco Use Control: Strategies for the 1990's." Charge to Forum participants at National Cancer Institute Plenary Meeting, April 27, 1987
- F. Anne Marie O'Keefe's Curriculum Vita

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APPENDIX A

Bibliography Of Smoking Control Materials

Developed By The Advocacy Institute

- "Smoking Control Legislation in Brazil." Sample of ten-country papers on smoking control in Latin America prepared for the International Union Against Cancer, January 29, 1985.
- "Curing Our Political Addiction To Tobacco." Keynote address to American Lung Association's Annual Meeting, May 12, 1985.
- Working papers for the International Summit of Smoking Control Leaders, Washington, D.C., September 17-20, 1985.
- "Strategies and Tactics." Paper presented to the Family Health International Conference on Smoking and Reproductive Health, San Francisco, October 14, 1985.
- "Public Policy on Smoking and Health: Toward a Smoke-Free Generation by the Year 2000." A Statement of a Working Group to the Subcommittee on Smoking of the American Heart Association, February 1986 (contributor).
- "Cigarette Ads: Lifting the Smoke Screen." Wall Street Journal, April 23, 1986.
- "A Smokescreen of Courtesy." The New York Times, May 22, 1986.
- "Priority Strategies for Smoking Control Public Policy Awareness, Education and Initiation." Report to the Kaiser Family Foundation, Aug. 20, 1986.
- "Involuntary Smoking, The End in Sight." Report to the Budapest World Cancer Congress, August 25, 1986.
- "A Smoke-encumbered America, 1986: Progress and Problems." Report to the Budapest World Cancer Congress, August 25, 1986.
- "On the FTC and Cigarette Advertising." Paper presented to the Delegates of the American Bar Association, Jan. 28, 1987.
- "Women vs. Smoking: The Symbolic Conflict." Statement presented to the Conference on Women and Smoking, February 4, 1987.
- "Cigarette Ads and the Press." Comments for The Nation, March 7, 1987.
- "Tobacco Use Control: Strategies for the 1990's." Charge to Forum participants at National Cancer Institute Plenary Meeting, April 27, 1987.

APPENDIX B

Smoking Control Groups Counseled By

The Advocacy Institute

American Cancer Society

American Heart Association

American Lung Association

American Medical Association

American Medical Women's Association

Americans for Non-smokers Rights (and its predecessor,
Californians for Non-smokers' Rights)

Coalition on Smoking OR Health

COMMIT (Community Intervention Trial for Smoking Cessation, an
11-site program funded by the National Cancer Institute)

Committee For A Smoke-free Indoor New York City

D.O.C (Doctors Ought to Care)

Harvard School of Public Health

Johns Hopkins School of Public Health

Kennedy School of Government Institute for the Study of Smoking
Behavior and Policy

Latin American Coordinating Committee on Smoking and Health

National Cancer Institute

Richmond Quits Smoking Program

STAT (Stop Teenage Addiction to Tobacco)

U.I.C.C. (International Union Against Cancer)

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APPENDIX C

Prospective Smoking Control Advocacy Resource Center

Advisory Group

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Smoking and Health Action Foundation
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APPENDIX D

SMOKING AND HEALTH RELATED CURRICULUM VITAE

Michael Pertschuk, Co-director
Advocacy Institute

Author, Case Study on 1981-84 campaign to strengthen cigarette warnings, in Giantkillers, published by W.W. Norton, September, 1986

Initiator, designer, and organizer of workshop on intervention strategies on smoking control for women's groups to be held by the National Cancer Institute, January, 1987.

Consultant, Latin American Coordinating Committee on Smoking and Health, Annual Meeting, Cartagena, Columbia, Jan 23-25, 1986

Speaker, Conference on Smoking and Reproductive Health, "Strategy and Tactics," San Francisco, October, 1985 sponsored by Family Health International

Organizer, International Summit of Smoking Control Leaders, Washington, DC, September 17-20, 1985 (Author, working papers for Summit)

Keynote speaker, American Lung Association Annual Meeting, May 1985

Member, American Cancer Society Committee on Tobacco and Cancer, 1984-

Member, American Heart Association Committee on Smoking and Health, 1984-

Member, Research Advisory Committee, Institute for the Study of Smoking Behavior and Policy, Harvard University, John F. Kennedy School of Government, 1984-

Member, Steering Committee, Work Group for a Smokefree Society by the year 2000, 1984-

Member, Honorary Board, Californians for Non-Smokers Rights, 1985-

Member, Editorial Board, Smoking and Health Reporter, 1984-

Member of the International Faculty for the Smoking Control Workshops held in Lima, Peru; Santiago, Chile; and Sao Paulo, Brazil, May 1982; September, 1983 in LaPaz, Bolivia; Bogota, Columbia and Mexico City, Mexico; and Sao Paulo, Asuncion, Buenos Aires, and Panama City, 1984. Workshops were sponsored by the International Union Against Cancer.

Commissioner, FTC, 1977-84

Testified before the Subcommittee on Health and the Environment of the House Energy and Commerce Committee in support of H.R. 1824 "The Comprehensive Smoking Prevention Education Act," March 9, 1983.

Chairman, Federal Trade Commission, 1977-81, responsible for the development and publication of the FTC's Staff Report on the Cigarette Advertising Investigation, May 1981.

Speaker, World Conferences on Smoking and Health: London, New York, and Winnipeg.

Public Member, National Interagency Council on Smoking and Health, 1972-1975.

Commissioner, National Commission on Product Safety, 1968-1970.

Principal Senate Commerce Committee staff member in the development of the Federal Cigarette Labeling and Advertising Act of 1965 and the amendments of 1969 banning television advertising of cigarettes.

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APPENDIX E

Tobacco Use Control: Strategies for the 1990's

National Cancer Institute Smoking, Tobacco, and Cancer Program
and Its Goals for the Year 2000

Charge to the Forum Participants
By Michael Pertschuk, Panel Chairperson

April 27, 1987

2024270499

Good leaders make certain that those they lead accomplish all that is possible. Great leaders challenge us to do the impossible.

So Joe Cullen challenges us to bridge the cultures of the Academy and the trenches of public health advocacy. The over-cautious behavioral researcher, he challenges to action. The hot-blooded public health advocate, he challenges to disciplined reflection.

At a critical moment in the history of the Twentieth Century's black plague, he challenges all of us, together, to seize the opportunity.

In effect he is asking us, "Given the terrible knowledge that if we fail to act now on the basis of what we know -- or, alternatively, if we dissipate our energies on unproved and unsound initiatives -- hundreds of thousands more will die needlessly, what is it that we know now with sufficient certainty to justify action."

If we take the arts of war as an organizing metaphor, we can visualize the campaign against smoking as taking place on a vast field of battle, into which we have introduced an array of forces, in hopes that their cumulative impact will carry the day. And what an extraordinary array of forces it has become: biological scientists, epidemiologists, public health leaders, clinical and social scientists, physicians, economists, the great voluntary health associations and citizen sparkplug activists, community leaders and community organizers, lawyers, political leaders and political strategists, journalists, and educators, and media advocacy specialists!

We know that we are advancing. We sense that our advance is accelerating. We know that both smoking and the economic and political interests that defend smoking are in retreat -- though they remain cunning and resourceful.

But this very proliferation of forces spells trouble for the hard scientist. In the soft real world, independent variables cannot always be isolated and controlled. Yet we can still learn from them:

o A New York policeman hears a radio counter-commercial that captures the dying words of a former cop facing the impact of his pending lung cancer death on his family. For twenty years, nothing has moved the listener to alter his smoking. Now he suddenly pulls the car he's driving, hurls his cigarette pack out the window, and vows never to smoke again.

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o New York's cessation clinics are overflowing with newly determined smokers who reached the point of decision only when facing the May 7th deadline on New York's clean indoor air regulations.

o As the price of cigarettes rises to include an increase in the excise tax, a teenage boy decides to spend his allowance on his punk rock collection instead of on cigarettes.

o A teenager in Richmond, California views the lively new videocassette celebrating Richmond's community mobilizing campaign to shake off the smoking habit, and signs up for the campaign.

I know that nothing evokes the discomfort of the research scientist more than the non-scientist's evocation of such "anecdotal evidence." Who can say for certain that any of these discrete events, or independent variables, alone caused the individual's conversion to non-smoking. To the contrary, there is ample reason to believe that the evolving social, regulatory, economic, educational, and media environments set the stage for each of these decisions, whatever the final, precipitating event.

But that environment included the counter-commercials, the laws, the taxes, the community mobilization efforts which at least triggered the decision to quit, or not to smoke at all. And something beyond anecdote, let's call it informed judgement, tells us that each of these events was indeed at least a contributing cause of the decision to quit, and that the initiative that led to that event was worthy -- and important.

And that brings us to the tasks for this morning:

With so contaminated a research environment, how do we choose among initiatives which compete for time and resources? Since cessation techniques have at least been the subject of some rigorous clinical trials, while public policy initiatives have not, how do we avoid biasing our commitment of resources to that which can be studied, as opposed to that which only our informed judgement tells us is effective.

Second, assuming that the collective experience of all of us here today lends weight to the probity of our informed judgement, what interventions do we judge to be of highest potential yield and priority? And what research can aid us in applying that informed judgement?

For example, I think no one can doubt that the single greatest opportunity for progress against smoking comes from the clean indoor air movement sweeping the country. Though I know of no controlled studies on the issue, who among us does not believe

that, in addition to its primary purpose of protecting the non-smoker from involuntary pollution, clean indoor-air policies are a prime influence on smokers' decisions to quit, and a prime environmental factor helping quitters to stay smoke-free?

And though the hard evidence may be thin, do we not know enough about the efficacy of other public policies, including substantial cigarette excise tax increases, bans on cigarette advertising and promotion, and restraints on cigarette distribution through unattended vending machines, to pursue them vigorously?

I know of no group better equipped to address these and related priorities than this morning's panelists.

But, before they do, I would like to suggest three initiatives which arise from the real world experience of public health advocates, but which also have an important research potential.

1. a dispassionate and coordinated effort to track, comprehend, and respond to the deployment of the tobacco industries resources to maintain tobacco consumption;
2. a coordinated effort to strengthen mass media initiatives, to promote non-smoking norms, drawing upon the wide diversity of talent and experience gained by those who have taken the campaign against smoking to the mass media, as well as academic communications experts, and
3. the development and nurturing of leadership, or "sparkplug" networks of activists across the country who are committed to challenging their communities, especially the communities targeted as growth markets by the tobacco industry.

Let me talk briefly about the first two of these initiatives:

(1) Tracking the Tobacco Industry

"If tobacco were spinach, it would have been outlawed years ago and nobody would give a damn ! " Dr. Michael Shimkin, NCI, 1963

Despite the overwhelming weight of scientific authority, the tobacco industry has persisted for a quarter century in its determination to resist public awareness of smoking as a public health issue. It has done so through direct denials of scientific evidence, through indirect deflection of public health concerns by advertising imagery and promotional symbolism, and by disinformation campaigns designed to characterize smoking as an issue of personal hygiene and choice (analogous to the auto

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industry's campaign to make auto accidents the sole responsibility of "the nut behind the wheel," and not the manufacturer of unsafe cars).

The industry has inhibited the mobilization of our communities to respond to the public health hazards of smoking through the political deployment of its economic allies and dependents, through the strategic design and dissemination of advertising, promotion, and philanthropy, and through strategic investment in targeted community organizations, especially women's, black, and hispanic organizations.

One of the central tasks in disease prevention is the systematic observation and tracking of the offending virus or other agents of the disease. Since the tobacco industry is an agent of disease, should we not strive to better understand the nature of its defenses against intervention? Should we not support and coordinate the work of those who comb the trade press and the mass media to trace the footprints of tobacco's advocates? Systematically track tobacco industry strategies, especially the metamorphoses or mutations the industry undergoes in response to prophylactic measures? Pool our resources to develop, evaluate, and disseminate counterstrategies? And should we not call upon the specialized skills of those who know how to mobilize communities?

I believe the answer to all these questions must be a resounding yes.

(2) Communications. In the 1980's, the mass media -- more than schools, more than health care facilities, more, perhaps, than even the family -- shape our society's dominant health beliefs, attitudes, and behaviors. Thus, the entertainment media both reflect and reinforce behavioral norms. Advertising makes products and their use commonplace, too often in contradiction to healthful behavior. The news media inform, interpret, and help determine public policy agendas, including those which shape the environment in which health behaviors evolve.

Throughout the country (and, indeed, throughout the world), public health advocates have learned to breach the threshold of media indifference or hostility. Some have begun to acquire the craft-learning of media advocacy, and have displayed great creativity in gaining access to the media, alerting and informing the public of health risks and related policy implications. They have shown great skill in evoking the affirmative symbols of public debate in arguing for health-enhancing behaviors and policies: individual autonomy, freedom from harmful environmental influences, physical strength and well being, family welfare, and social accountability for those who would market harmful products.

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Despite the inhibiting effect of tobacco advertising dependency on the mass media, a phalanx of smoking/health related stories has recently stormed the news media, especially in newspapers and broadcast news: stories on new evidence of smoking's (and involuntary smoking's) hazards and addictive properties; on the campaigns to restrain or ban cigarette advertising and promotion; on legislative struggles over new health warnings in labels and in advertising; on excise tax increases; on smokeless tobacco promotion; on non-smoking initiatives in workplaces, airplanes, health facilities, restaurants and other public places, government offices, the Army, the Navy; stories on product liability cases; business stories on the tobacco industries' defensive marketing, promotion, and political strategies; stories of smoking and the women's movement, of celebrity deaths from smoking; stories about smoking cessation campaigns like the "Great Smoke-out"; even stories about smoking media initiatives themselves, such as the American Cancer Society's "smoking fetus" ad and Yul Brynner's posthumous testimonial to smoking as the cause of his own death; coverage of "Emphysema Slims" boycotts and cigarette billboard "redesign" civil disobedience campaigns by the outraged physicians of D.O.C.

Though difficult to measure, there is certainly reason to believe that the cumulative impact of these stories has reinforced public awareness of the hazards of smoking and enhanced public receptivity for smoking control policies generally, as well as trends towards a non-smoking norm.

Now is the time to draw upon the specialized skills of media advocacy specialists to strengthen the role of the media as a positive force both in contributing to the development of non-smoking norms and in strengthening public awareness of smoking as a public health issue.

This is a time of hope and opportunity.

What exactly do we mean by hope? Nobody has said in better than Eric Fromm, in The Revolution of Hope (Harper & Row, 1968),

"Hope...Is neither passive waiting nor is it unrealistic forcing of circumstances that cannot occur. It is like the crouched tiger, which will jump only when the moment for jumping has come. Neither tired reformism nor pseudo-radical adventurism is an expression of hope. To hope means to be ready at every moment for that which is not yet born, and yet not become desperate if there is no birth in our lifetime. There is no sense in hoping for that which already exists or for that which cannot be. Those whose hope is weak settle down for comfort or for violence; those whose hope is strong see and cherish all signs of new life and

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are ready every moment to help the birth of that which is ready to be born."

We are gathered at a moment when hope, like Spring, is busting out all over. The country will not wait for us. The opportunities for unprecedented progress arise on all sides. Can we use our knowledge, however imperfect, to seize the moment?

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APPENDIX F

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PROFESSIONAL EXPERIENCE

Consultant, The Advocacy Institute, Washington, DC, 1987-present. Develop, secure funding for and implement programs to provide strategic planning, counseling, media and advocacy training to public interest organizations throughout the world.

Health Policy Consultant, American Psychological Association, Washington, DC, 1985-87. Helped to create Office of Professional Practice including planning \$2.5 million annual budget, hiring, training and supervising staff, and editing newsletter. Developed computerized data banks of legal and professional information. Organized mental health malpractice reform in several states. Active legislative witness, media guest, lecturer and convention speaker.

Attorney, Bureau of Consumer Protection, Federal Trade Commission, Washington, DC, 1984-85. Worked on antitrust and health-related cases. Wrote guidelines for advertising in health care.

Law Clerk, Widette, Slater & Goldman, Boston, MA, Summer 1984.

Paralegal, Legal Services Center, Boston, MA, 1983-84 (part-time). Specialized in landlord/tenant and Social Security disability law.

Executive Director, Calumet Forum, Inc., Gary, IN, 1982. Directed first area-wide economic redevelopment commission representing labor, management, academia, politics and the press. Secured funding; hired permanent staff.

Director of Special Projects, Association for the Advancement of Psychology, Washington, DC, 1978-81. Lobbied federal health issues; conducted antitrust investigations; testified before Congress and state legislatures; lectured; raised funds. Associate Editor of continuing education journal.

Psychologist, Temple University Hospital, Philadelphia, PA, 1976-77; Human Resources Center, Columbus, OH, 1974-75 (part-time). Provided psychotherapy, neuropsychological assessments and forensic evaluations.

College Instructor, Ohio State University and Columbus Technical Institute, Columbus, OH, 1973-76 (part-time).

Other Founding partner of Vitreous Humor, Inc., Washington DC's first videotape theater and production company, 1971-72.

Founding partner of Pembroke & O'Keefe, electronic data research firm, Cambridge, MA, 1983-84.

Extensive art resume includes juried awards, one-person show and permanent exhibits.

EDUCATION

J.D., cum laude, Harvard Law School, 1984.

Ph.D., M.A., Clinical Psychology, Ohio State University, 1977, 1975.

- OSU Fellowship
- Graduate Teaching Fellowship
- US Public Health Service Fellowship
- GPA 4.0

B.A., with highest distinction, Sociology/Psychology with departmental honors, Indiana University, 1971.

- Phi Beta Kappa
- IU Regents' Scholarship
- National Merit Scholarship
- GPA: 4.0.

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Selected Publications and Testimony

Close, R.A., O'Keefe, A.M. & Buccheit, W.A. The determination of speech organization in a patient with an arteriovenous malformation. *Neurosurgery*, 1: 111-3, September 1977.

DeLeon, P.H., O'Keefe, A.M., VandenBos, G.R. & Kraut, A.G. How to influence public policy: A blueprint for activism. *American Psychologist*, 37: 476-85, May 1982.

Mandatory Minimum Mental Health Care Coverage. Testimony Presented to Committee on Human Services, Maryland House of Representatives, Annapolis, MD, September 1985.

Medicare and Medicaid programs: Certification procedures for providers and suppliers of services. Testimony presented to Health Care Financing Administration (DHEW), Washington, DC, April 1980.

Mills, M.J. & O'Keefe, A.M. Legal issues in outpatient treatment. *Journal of Clinical Psychiatry*, 44: 6 (Sec. 2): 33-40, June 1983.

O'Keefe, A.M. & McCullough, S.J. Physician domination in the health care industry: The pursuit of antitrust redress. *Professional Psychology*, 10: 605-18, August 1979.

O'Keefe, A.M. Federal legislation affecting psychology: Trends for the eighties. *Proceedings of the AMEDD Psychology Symposium*, Washington, DC, 1980.

O'Keefe, A.M. The selling of the social sciences: Working without a safety net. *Clinical Psychologist*, 34: 20-1, August 1980.

Outpatient mental health services in the Federal Employees Health Benefit Program. Testimony presented to Subcommittee on Compensation and Employee Benefits, Post Office and Civil Service Committee, U.S. House of Representatives, June 1981.

Professional Activities

- Member, District of Columbia Bar.
- Member, Editorial Board, *Mental and Physical Disabilities Law Reporter*.
- Chair, DC Psychological Association Legislative Committee, 1979-81.
- Member, American Psychological Association Task Force on Health Maintenance Organizations, 1979-81.
- Member, American Psychological Foundation Media Awards Committee, 1980, 1981.
- More than 100 papers delivered at professional conferences.

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